

Continuum of Care for Elderly Persons Household Survey Norfolk, Nebraska

The **Norfolk Housing Agency (NHA)** is currently conducting a Community Housing Study, to determine both the short- and long-term housing needs of persons and families in Norfolk. **The Study is funded with a Housing Grant provided by the Nebraska Investment Finance Authority, with matching funds from the NHA.** The Study will include the identification of housing and service needs of elderly persons in the Community. Please complete and return this Survey, with your name and contact information to the drop box/Envelope by **FRIDAY, AUGUST 26TH**.

1) **Sex:** Male____ Female____

2) **Location/
Age Status:** Where do You currently live?
____ Norfolk ____ Rural Madison County
____ Other (Please identify):_____

What is your current age?
Under 45____ 45-54____ 55-64____ 65-74____ 75-84____ 85+____

Are you currently retired? Yes____ No____
If no, do you plan on retiring in Norfolk? Yes____ No____

3) **Family
Status:** How many people live in your household? _____
How many people 55+ years live in your household? _____

4) **Disability
Status:** Do you or anyone in your household have a disability or any special assistance needs (Mobility, Mental, Hearing/Speech Impaired, Nutrition/Medication Assistance, etc.)?
Yes____ No____

If yes, please explain the disability or special needs type.

5) Please indicate your household income range, for 2015, before taxes. \$ _____

6) Are you receiving any retirement benefits? If so, please identify.
☐ Yes _____
☐ No

7) Do you own or rent where you live now?
☐ Own
☐ Rent

8) Please rate the quality of the following Services in the Community.
(1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor).

____ Social/Rec. Activities	____ Continuing Education	____ Entertainment Options
____ Church	____ Discount/Variety Store	____ Library
____ Grocery Store	____ Hospital	____ Medical Clinic
____ Pharmacy	____ Downtown Businesses	____ Police Protection
____ Fire Protection	____ Senior Center	____ Bank
____ City/Village Offices	____ Post Office	____ Schools
____ Parks/Recreation	____ Restaurant/Cafe	____ Other: _____

9) Are you satisfied with your current housing situation? ____ Yes ____ No
If no, please explain:

- 10) Do You plan on changing housing in the future?
- | | | |
|---------------------|-----------|----------|
| One Year | _____ Yes | _____ No |
| Two Years | _____ Yes | _____ No |
| Three to Five Years | _____ Yes | _____ No |
| Six to 10 Years | _____ Yes | _____ No |

If yes to Question #10, which of the following types of housing do You anticipate needing?
Check your top three (3).

- | | |
|-----------------------------------|------------------------------------|
| _____ Single Family Home | _____ Apartment - Purchase |
| _____ Duplex - Rent | _____ Assisted Living Housing |
| _____ Duplex - Purchase | _____ One Bedroom Apartment - Rent |
| _____ Town Home - Rent | _____ Two Bedroom Apartment - Rent |
| _____ Town Home - Purchase | _____ Other _____ |
| _____ Nursing Home/Long-Term Care | |

- 11) Which of the following additional housing types are needed in the Community, for persons 55+ years of age, during the next five years. Check your top three (3).

- | | |
|-----------------------------------|------------------------------------|
| _____ Single Family Home | _____ Apartment - Purchase |
| _____ Duplex - Rent | _____ Assisted Living Housing |
| _____ Duplex - Purchase | _____ One Bedroom Apartment - Rent |
| _____ Town Home - Rent | _____ Two Bedroom Apartment - Rent |
| _____ Town Home - Purchase | _____ Other _____ |
| _____ Nursing Home/Long-Term Care | |

- 12) How appealing is living at a Retirement Housing Campus to You?

- _____ Very appealing
 _____ Somewhat appealing
 _____ Not appealing

- 13) Please rate the quality of the following Support Services in the Community.
(1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor).

- | | |
|---|--|
| _____ Case Management/Legal Aid | _____ Transportation/Auto Repair |
| _____ Cultural/Language Assistance | _____ Finance Assistance/Management |
| _____ Continuing Education Opportunities | _____ Health Services (Mental, Physical, etc.) |
| _____ Employment Opportunities/Training | _____ Law Enforcement |
| _____ Adult Care Services | _____ Senior Social & Recreation Activities |
| _____ Alcohol/Drug Abuse Services | _____ Housing (Permanent, Transitional, etc.) |
| _____ Food/Meals-On-Wheels | _____ Emergency Transportation |
| _____ Home Health Care | _____ Volunteer Opportunities |
| _____ Counseling Services | _____ Veteran Services |
| _____ Aids for Disabilities | _____ Homeless Services |
| _____ Home Repair/Rehabilitation Services | _____ Other: _____ |

- 14) Considering the list of Supportive Services in Question 12, what are the three (3) most critical Services at this time, for persons 55+ years residing in Norfolk?

- 15) Are there any community/support systems not provided in the City of Norfolk that require you to travel to another Community? If Yes, please identify the Community and the Service.

- ☐ Yes _____
- ☐ No

THANK YOU FOR YOUR PARTICIPATION!